



# CONDITION REPORT

## TRAILER BOATS / TRAILER SAILERS

Policy No: \_\_\_\_\_

Client's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Client's Address \_\_\_\_\_

Boat Dealer \_\_\_\_\_ By \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

\* All questions must be completed by a Service Centre and submitted with current photographs of the vessel.

### HULL

Make \_\_\_\_\_ Hull Serial No. \_\_\_\_\_ Year Built \_\_\_\_\_ Construction \_\_\_\_\_

Check visual condition of:	Good	Poor	Is Hull fitted with:	Yes	No
Keel, Strakes and Chines	<input type="checkbox"/>	<input type="checkbox"/>	Operative Engine Blower	<input type="checkbox"/>	<input type="checkbox"/>
Rest of Bottom Area	<input type="checkbox"/>	<input type="checkbox"/>	Gas Detector fitted	<input type="checkbox"/>	<input type="checkbox"/>
Welds	<input type="checkbox"/>	<input type="checkbox"/>	Battery Isolation Switch	<input type="checkbox"/>	<input type="checkbox"/>
Transom	<input type="checkbox"/>	<input type="checkbox"/>	Bilge Pump operational	<input type="checkbox"/>	<input type="checkbox"/>
Bow and Topside	<input type="checkbox"/>	<input type="checkbox"/>	Are all Deck fittings secure	<input type="checkbox"/>	<input type="checkbox"/>
Deck/Cabin	<input type="checkbox"/>	<input type="checkbox"/>	Navigational lights operational	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen	<input type="checkbox"/>	<input type="checkbox"/>			
Steering System	<input type="checkbox"/>	<input type="checkbox"/>			
Canopy/Storm Cover	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Yes</b>	<b>No</b>			
Osmosis present	<input type="checkbox"/>	<input type="checkbox"/>			

Please note your general comments on the overall condition of the hull, specifically those items that require immediate attention:

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\_\_\_\_\_

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### MOTOR

Port: Make \_\_\_\_\_ Year Built \_\_\_\_\_ Serial No. \_\_\_\_\_ HP \_\_\_\_\_

S/Board: Make \_\_\_\_\_ Year Built \_\_\_\_\_ Serial No. \_\_\_\_\_ HP \_\_\_\_\_

Visual check for:	Yes	No	In or out of Test Tank, check:	Yes	No
Visible Damage	<input type="checkbox"/>	<input type="checkbox"/>	Choke	<input type="checkbox"/>	<input type="checkbox"/>
Loose Parts	<input type="checkbox"/>	<input type="checkbox"/>	Alternator Charging	<input type="checkbox"/>	<input type="checkbox"/>
Corroded/Deteriorated Parts	<input type="checkbox"/>	<input type="checkbox"/>	All Instruments Functioning	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fuel Storage:</b>	<b>Yes</b>	<b>No</b>	Water Pressure Gauge		
Inbuilt Tanks	<input type="checkbox"/>	<input type="checkbox"/>	(check only in Test Tank)	<input type="checkbox"/>	<input type="checkbox"/>
Vented	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System Functioning	<input type="checkbox"/>	<input type="checkbox"/>
Deck Filled	<input type="checkbox"/>	<input type="checkbox"/>	Water Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Earthed	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Portable Type	<input type="checkbox"/>	<input type="checkbox"/>		<b>Good</b>	<b>Poor</b>
Safely Secured	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Operation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check condition of:</b>	<b>Yes</b>	<b>No</b>	Starting System	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Lines, Filters and Connections	<input type="checkbox"/>	<input type="checkbox"/>	Run Motor (check water flow)	<input type="checkbox"/>	<input type="checkbox"/>
(meet Industry Standards)			Motor Idle (out of gear) at.....rpm	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check condition/operation of:</b>	<b>Good</b>	<b>Poor</b>	Motor Idle (in gear) at.....rpm	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	Motor operated under load	<input type="checkbox"/>	<input type="checkbox"/>
Tilt/Trim System	<input type="checkbox"/>	<input type="checkbox"/>	Remove Spark Plugs and check	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check condition of:</b>	<b>Good</b>	<b>Poor</b>	Gearshift Operation	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Oil	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>			

Please note your general comments on the overall condition of the motor, specifically those items that require immediate attention:

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**TRAILER**

Make \_\_\_\_\_ Year Built \_\_\_\_\_ Reg. No. \_\_\_\_\_

**Check visual condition of:**

	<b>Good</b>	<b>Poor</b>		<b>Good</b>	<b>Poor</b>
Coupling and Chain	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Tilt Drawbar and Lock	<input type="checkbox"/>	<input type="checkbox"/>	Axle and Springs	<input type="checkbox"/>	<input type="checkbox"/>
Winch, Cable and Stand	<input type="checkbox"/>	<input type="checkbox"/>	Chassis	<input type="checkbox"/>	<input type="checkbox"/>
Bow Safety Chain	<input type="checkbox"/>	<input type="checkbox"/>	Roller/Supports	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Rims	<input type="checkbox"/>	<input type="checkbox"/>	Trailer Lights	<input type="checkbox"/>	<input type="checkbox"/>
Tyres	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>			

Does the trailer have a current warrant of fitness? Yes  No

Please note your general comments on the overall condition of the Trailer, specifically those items that require immediate attention:

\_\_\_\_\_  
\_\_\_\_\_

**MAST, SPARS, RIGGING & SAILS**

Age of Rigging: \_\_\_\_\_ Construction of Mast \_\_\_\_\_

Number of spreaders, inline or swept: \_\_\_\_\_ Type of rigging, wire/rod/composite \_\_\_\_\_

Condition: **Good**  **Unacceptable**

**Recommendations /General Comments:**

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**DISCLAIMER:**

Club Marine acknowledge that whilst all reasonable attempts have been made to detect any defects present there may exist hidden or latent defects or those that cannot be discovered without interfering with the structure of the vessel. In consideration of the person or company to whom this form has been issued, carrying out a visual evaluation of the vessel on behalf of the owner of the vessel concerned, Club Marine undertakes not to instigate any legal proceedings or action against the person or company. Club Marine acknowledge that the evaluation document is to be used solely by Club Marine to evaluate the insurance risk of the boat concerned and for no other purpose.



Tel 0800 88 CLUB (2582) Fax: (09) 309 3002 Email: nzclub@clubmarine.co.nz PO Box 794, Shortland Street, Auckland 1140.

Insurance is Underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (incorporated in Australia) trading as Club Marine Level 1, 152 Fanshawe Street Auckland 1010  
Please read the Club Marine Pleasurecraft Insurance Policy available by phoning 0800 88 CLUB (2582)  
or visiting www.clubmarine.co.nz before deciding if this product is right for you.